## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 04, 2001 8:00 am Secretary of State DOCUMENT # P00000107193 1. Entity Name OMEGA GARAGE DOORS GULF COAST, INC. 05-04-2001 90117 024 \*\*\*150.00 Principal Place of Business Mailing Address 328 S. SEABOARD AVE. 328 S. SEABOARD AVE. VENICE FL 34292 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-105 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VASILCHEK, MARK Street Address (P.O. Box Number is Not Acceptable) 328 S. SEABOARD AVE. VENICE FL 34292 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Delete ☐ Change TITLE TITLE VASILCHEK, MARK NAME NAME 328 S. SEABOARD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 TITLE Change Addition ☐ Delete TITLE CANNON, THOMAS L NAME NAME STREET ADDRESS 328 S. SEABOARD AVE. STREET ADORESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

NAME

STREET ADDRESS

CITY-ST-7IP